

PART B - FEE(S) TRANSMITTAL

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JUN 22 2005

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38421 7390 05/16/2005
ELMORE, CRAIG, P.C. Elmore, Craig & Vanstone, PC
209 MAIN STREET
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06/23/2005 MBERHE1 00000133 502807 09383054

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6-22-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/383,054	08/25/1999	DAVID A. EDWARDS	AIR-108PA	6042

TITLE OF INVENTION: STABLE SPRAY- DRIED PROTEIN FORMULATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	08/16/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CHOI, FRANK I	1616	514-002000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Elmore, Craig & Vanstone, P.C.
 Carolyn S. Elmore
 Anne I. Craig

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Advanced Inhalation Research, Inc. Cambridge, Massachusetts 02139

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 502807 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Carolyn S. Elmore

Date June 21, 2005

Typed or printed name Carolyn S. Elmore

Registration No. 37,567

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**FACSIMILE COVER SHEET****Date:** June 22, 2005**To:** **Office of Issue Fee and Publication Fee Group 1616****From:** Carolyn S. Elmore**Fax Number:** (703) 746 4000**Subject:** **Paper:** Part B – Fee(s) Transmittal**Docket No.:** 2685.1003-001 (US2)**Applicants:** 09/383,054**Filing Date:** August 25, 1999**Amount of Fees:** \$1,409.00**Number of pages including this cover sheet** 2**Please confirm receipt of facsimile:** Yes XX No _____**Comments:**

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